

**STATE OF UTAH  
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**SECURITY PERSONNEL:  
ARMED PRIVATE SECURITY OFFICER or  
UNARMED PRIVATE SECURITY OFFICER**

DOPL-AP-037 REV 09/18/2003

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**SUPPORTING DOCUMENTS AND FEES:**

**In addition to submitting a completed application, complete the following:**

If you are applying for licensure as an **armed private security officer**, complete the following:

1. Submit two (2) completed, blue applicant fingerprint cards (Form FD-258) for the applicant to be used by the Division for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI).
2. Submit a copy of your driver's license or Utah identification card clearly indicating your driver's license number or Utah ID number.
3. Submit a "Certification of Completion of Basic Classroom Instruction" (form attached to

this application) documenting the successful completion of at least eight (8) hours of basic armed classroom instruction consistent with Sections R156-63-602, and 603 of the Security Personnel Licensing Act Rules.

4. Submit a “Certification of Completion of Firearms Instruction” form (attached to this application) documenting the successful completion of at least six (6) hours of classroom firearms instruction and at least six (6) hours of firearms instruction on the range consistent with Sections R156-63-602, 603, and 604 of the Security Personnel Licensing Act rules.
5. Submit a **\$99.00** non-refundable application-processing fee, made payable to “DOPL,” that includes a \$60.00 application fee, a \$15.00 surcharge for a BCI Utah Criminal History file and fingerprint file search, and a \$24.00 surcharge for a FBI fingerprint file search.

If you are applying for licensure as an **unarmed private security officer**, complete the following:

1. Submit two (2) completed, blue applicant fingerprint cards (Form FD-258) for the applicant to be used by the Division for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI).
2. Submit a copy of your driver’s license or Utah identification card clearly indicating your driver’s license number or Utah ID number.
3. Submit a “Certification of Completion of Basic Classroom Instruction” form (attached to this application) documenting the successful completion of at least eight (8) hours of basic unarmed classroom instruction consistent with Sections R156-63-602, and 604 of the Security Personnel Licensing Act Rules.
4. Submit a **\$99.00** non-refundable application-processing fee, made payable to “DOPL,” that includes a \$60.00 application fee, a \$15.00 surcharge for a BCI Utah Criminal History file and fingerprint file search, and a \$24.00 surcharge for a FBI fingerprint file search.

#### **ADDITIONAL IMPORTANT INFORMATION:**

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

You may also purchase them for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

- ☐ Division of Occupational & Professional Licensing Act
  - ☐ General Rules of the Division of Occupational & Professional Licensing
  - ☐ Security Personnel Licensing Act
  - ☐ Security Personnel Licensing Act Rules
2. **License Renewal:** All licenses expire every July 31st of every even-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

3. **Fingerprint Information:** All applicants are required to include two (2) applicant fingerprint cards with their application. Applicant fingerprint cards are supplied with the application if you obtain the application from the Division or from Experior. If you have downloaded the application from the Internet, you may obtain fingerprint cards from the Division or from the Bureau of Criminal Identification at 3888 West 5400 South, Taylorsville, Utah.

**Note:** The Division will not roll your fingerprints. To have your fingerprints rolled on the applicant card, you must go to the Bureau of Criminal Identification or your local police station. We strongly recommend that you go directly to the Bureau of Criminal Identification to roll your fingerprints and then include the complete fingerprint cards with your application. Fingerprint cards that are not complete and/or do not have adequate fingerprints will be rejected leading to a delay in the licensure process.

#### **BUREAU OF CRIMINAL IDENTIFICATION (BCI) INFORMATION:**

- \$10.00 fee for up to three fingerprint cards
  - Walk-ins only; no appointments taken
  - Open 8:00 a.m. – 5:00 p.m., Monday – Friday except holidays
  - Government-issued picture ID required (driver's license, state ID, passport, etc.)
  - Website: [www.bci.utah.gov](http://www.bci.utah.gov)
  - Phone: 801-965-4445
  - Address: 3888 W. 5400 S., Taylorsville, UT 84118  
(1/2 block west of Bangerter Highway, behind McDonalds)
4. **Review of your FBI Record:** You have the right to review your FBI record and to complete, or challenge the accuracy of, the information contained in that record. If you wish to review your FBI record, contact the FBI field office that serves your area for instruction on the procedure and any applicable fees. All residents of Utah should direct their inquiries to the Salt Lake Field Office, 257 East 200 South, Suite 1200, Salt Lake City, Utah 84111. Telephone (801) 579-1400
  5. **Processing Time:** The Division requires approximately two weeks to process a complete application for licensure. In addition, an FBI file search takes approximately 12 weeks.

6. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
7. **Current Documents:** Applications, statutes and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
8. **On-the-Job Training Program:** An Armed and Unarmed Private Security Officer may work in a supervised On-the-Job Training capacity for a period of thirty (30) days if the individual's criminal record in the state of Utah is clear at the time the individual applies for licensure and if the individual has been issued an On-the-Job Training Program form by the Division.

**NOTE:** If the applicant applies for licensure and has any **criminal history record** or has marked "**Yes**" to any question on the Qualifying Questionnaire, an On-the-Job training letter will not be issued. The application will be processed in the normal manner and if the application is approved, a temporary license will be issued.

11. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1st Floor Lobby  
Salt Lake City, Utah 84111

12. **Telephone Numbers:** (801) 530-6628  
(801) 530-6208  
(801) 530-6634  
(801) 530-6964  
  
(866) ASK-DOPL – Toll-free in Utah  
(866) 275-3675
13. **Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSURE

## GENERAL INFORMATION:

License Applying For: \_\_\_\_\_ Armed Private Security Officer  
\_\_\_\_\_ Unarmed Private Security Officer

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

**LICENSES:**

List all licenses, certifications, or registrations issued by any state that you now hold or have ever held. Use additional sheets if necessary.

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

*(Application continues on following page.)*

# SECURITY PERSONNEL QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
10. \_\_\_\_\_ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

*(Questions continue on following page.)*

11. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
12. \_\_\_\_\_ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
13. \_\_\_\_\_ Have you ever been arrested for or charged with a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
14. \_\_\_\_\_ Have you ever been arrested for or charged with a felony in any jurisdiction?
15. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
16. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
17. \_\_\_\_\_ Have you ever been allowed to make a plea in abeyance for any criminal charge for which the charge was later dismissed?
18. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state, or county correctional facility or in any correctional facility in any other jurisdiction?

**If you answered “yes” to questions 13, 14, 15, 16, 17, or 18 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.**



# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O.Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: (801) 530-6511

## **CERTIFICATION OF COMPLETION OF BASIC CLASSROOM INSTRUCTION**

**(This form must be completed for all armed and unarmed security guard applicants.)**

### **TO BE COMPLETED BY APPLICANT:**

Name of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **TO BE COMPLETED BY INSTRUCTOR OF BASIC CLASSROOM INSTRUCTION:**

I certify that the above named applicant has successfully completed at least eight (8) hours of basic classroom instruction consistent with Sections R156-63-602, 603, and 604 of the Security Personnel Licensing Act Rules. In addition, I certify that the above named applicant achieved at least a minimum score of 75% on the basic education and training final exam in accordance with R156-63-302c.

Name of Company/Individual Administering Training: **(Please Print.)** \_\_\_\_\_

ID Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Unarmed Basic Training Score on Final Exam: \_\_\_\_\_

Armed Basic Training Score on Final Exam: \_\_\_\_\_

Date Applicant Completed the Program: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Program Trainer: **(Please Print.)** \_\_\_\_\_

Signature of Program Trainer: \_\_\_\_\_ Date: \_\_\_\_\_

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O.Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: (801) 530-6511

## CERTIFICATION OF COMPLETION OF FIREARMS INSTRUCTION

**(This form must be completed for all armed security guard applicants ONLY.)**

### TO BE COMPLETED BY APPLICANT:

Name of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### TO BE COMPLETED BY THE INSTRUCTOR OF THE FIREARMS TRAINING:

I certify that the above named applicant has successfully completed at least six (6) hours of classroom firearms instruction and at least six (6) hours of firearms instruction on the range consistent with Sections R156-63-602 and 603 of the Security Personnel Licensing Act Rules. In addition, I certify that the above named applicant achieved at least a minimum score of 80% on the practical pistol course.

Name of Company/Individual Administering Training **(Please Print)**: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Program ID Number: \_\_\_\_\_

Date of Division Approval of the Program: \_\_\_\_\_

Date Above Named Applicant Completed the Program: \_\_\_\_\_

Score on Practical Pistol Course: \_\_\_\_\_

Name of Program Trainer: **(Please Print.)** \_\_\_\_\_

Signature of Program Trainer: \_\_\_\_\_ Date: \_\_\_\_\_